

COLORADO TBI ACTION PLAN

Purpose of State Action Plan

The State Action Plan is developed to direct Colorado's brain injury community in the prioritized provision of well coordinated and improved supports and services for all those affected by TBI. The nature of brain injury is such that available resources will always be less than needed resources. Colorado's State Action Plan will determine priorities for TBI in Colorado from 2009-2013. The Plan demonstrates powerful, effective collaborations of Colorado's TBI community to funders, legislators, Colorado citizens, and others both within Colorado and nationally. It is a document that may be used by any organization advocating for the needs of the brain injury community. It is also critical to the successful application of a possible \$1 million in federal funding for TBI in Colorado. The State Action Plan represents **commitments** of collaborative efforts of Colorado's brain injury community resulting from TBI consumer and provider voices.

History

Colorado developed its first State Action Plan in 2001, as a requirement of federal TBI funding. The report was titled: "Colorado Strategic Action Plan for Persons with Brain Injury and Their Families; 2001-2005." In order to continue receiving federal funding, Colorado agreed to update the plan. The first step was to implement a thorough Needs and Resources Assessment for TBI in Colorado. Dr. Hal Lewis completed this assessment and resulting recommendations in mid-2008, which will be incorporated in the final State Action Plan. Dr. Lewis presented his findings to a number of brain injury organizations.

Needs and Resources Assessment

Purpose: During 2007-2009, the "Colorado TBI Needs and Resources Assessment (N&RA) Project" was designed and implemented to gather and document quantitative and qualitative information that would translate into improved and better coordinated supports and services for individuals and family members affected by TBI. The **three key objectives** were:

1. Conduct a structured N&RA survey with TBI survivors and parents of children/youth.
2. Conduct a systems analysis via semi-structured interviews with consumer/advocacy and government organizations, businesses, practitioners, and service providers.
3. Interpret and disseminate findings leading to functional recommendations and statewide action planning for improvement of services and supports for those affected by TBI.

Information was gathered from 90 "consumer" interviews (65 adult survivors, 25 parents), 70 agency/organization "system" interviews and 5 regional focus groups. On-going work includes additional information gathering from veteran and Latino communities.

The overarching recommendation was "to expand a dedicated TBI Division within Colorado's Department of Human Services." In addition, **seven areas of recommendation** were targeted:

1. Increase funding streams for TBI services and supports;
2. Increase public awareness of TBI issues and priorities;
3. Improve provider and professional education and training;
4. Increase the availability and effectiveness of behavioral and mental health services;
5. Increase access to information and care coordination/case management;

6. Focus on community integration and community-based services and supports; and
7. Conduct follow-up assessments of the needs and priorities of underserved populations related to TBI.

State Action Plan Retreat

The Brain Injury Advisory Board, which oversees the federal grant, hosted a retreat on December 2, 2008 to develop action steps from the issue areas identified in the Needs and Resources Assessment. The group of brain injury specialists and advocates included representatives from public, private and non-profit sectors including: Craig Hospital, the TBI Trust Fund, the Brain Injury Advisory Board, the Brain Injury Association of Colorado, Denver Options, TBI Network Team (representing schools), Department of Health Care Policy and Finance (Medicaid, Brain Injury Waiver), Department of Health and Public Environment (Children with Special Health Care Needs), Department of Human Services (TBI Program, Division of Vocational Rehabilitation, Division of Mental Health/Alcohol and Drug Abuse), and the Hangout (non-profit for those with brain injuries). Expertise was offered from those affected by brain injury, family members, brain injury advocates for veterans, Latino, children and adults, care coordinators, attorneys, public relations specialists, clinical psychologists, neurologists, psychiatrists, and Board and staff members from many relevant agencies.

Process

Both before and at the retreat, participants were asked to develop specific action steps targeting each of the seven recommendation areas outlined in the Needs & Resources Assessment. Ideas were collected in written responses, in small group discussions and via full group discussion. Everyone was asked to individually prioritize ideas based on a limited number of “votes” representing action steps for 2009, for 2010, and for the years 2011-13.

Results and Next Steps

The final State Action Plan is currently being written and will include Colorado background and data, appendices of related information, the N&RA, etc. **But the heart of the Plan will be its identified action steps. These require involvement and investment.** The Plan will identify “big picture” action steps for 2009, 2010, and the years 2011-13. The “how-to” specifics will include future planning efforts of involved agencies.

The following pages of priorities result from the efforts undertaken to date. There are currently 28 priorities grouped into five general areas of recommendations:

- **Funding**
- **Education and Training for Providers and Consumers**
- **Public Awareness**
- **Information and Data Collection**
- **Community Integration & Community-Based Services**

Note: Behavioral and mental health services recommendations were included in either the Education & Training or Community-Based Services categories. Ideas reflecting access to information and care coordination were included in Community-Based Services. Follow-up assessments of underserved populations are currently underway with the veterans and Latino populations.

The following pages represent the culmination of a two year effort identifying possible action steps to include in a TBI State Action Plan. Retreat participants were asked to read the Needs and Resources Assessment, group ideas according to areas of recommendations, and use a simple methodology to prioritize action steps. All “votes” were included; the chart of 28 represents those ideas gathering three or more “votes.” The list of additional ideas, often representing more specific “how-to” action steps, follows. Ideas were prioritized based on “start dates” (i.e. 2009 having a higher priority than 2008) first, and the number of “votes” received, second. The “key” below describes how to interpret the results. A list of acronyms follows.

NOTE: The State Action Plan is not meant to direct the priorities of organizations, but rather, expand the collective actions of Colorado’s TBI community via collaborative efforts. Our goal is a realistic, balanced, optimistic, accountable Plan. The TBI Program will review the Plan annually, track results for effectiveness, and support the success of goals being reached. The Brain Injury Collaborative will be asked to approve the final plan at their January 28th meeting. The results will be finalized by January 31, 2009 and submitted to HRSA in early February by TBI Program staff.

NOTE: It is the intent of this TBI effort to pave the way for Acquired Brain Injury (ABI) efforts in Colorado as well.

KEY to IDENTIFIED POTENTIAL ACTION STEPS:

- Possible lead and support agency(ies) identified within [Xxxxx w/ Xxxxx]
- Votes representing start year identified in (X,X,X): 2009, 2010, years 2011-2013

Example: 100% participation in fines compliance [TF w/ BI-C] (5,4,0) is interpreted as 5 votes for beginning this work in 2009, 4 votes for beginning it in 2010; and the TBI Trust Fund taking the lead with active support from the Brain Injury Collaborative.

2009-2013 COLORADO TBI STATE ACTION PLAN PRIORITIES

TOP PRIORITIES (28)

INCREASE FUNDING

1. Improve BI waiver, broaden criteria, increase reimbursement rates, seek needed community input [BI-C w/ CDHS, HCPF] (8,3,0)
2. 100% participation in fines compliance [TF w/ BI-C] (5,4,0)
3. Catastrophic Injury Fund [BI-C including Gov’t. Affairs Committee w/ CH] (5,3,0)
4. Insurance – develop partnerships, increase awareness of gaps, legislate needed changes, advocate for adequate and universal coverage; include Division of Insurance in DORA [BI-C w/ BIAB & BIAC] (4,3,1)
5. Giant statewide fund-raising awareness event (inclusive of all communities; divide up proceeds) [BI-C] (4,2,1)
6. Add vehicle license fees to TF [TF w/ BI-C] (2,2,2)
7. Work with MH Task Force for funding, resources, and strategies [BIAB] (1,2,1)
8. Increase DUI fines progressively [BI-C w/ TF & BIAB] (1,1,2)

EDUCATION & TRAINING OF PROVIDERS & CONSUMERS:

1. Make information and resources available online [BIAC w/ DO, CTAT, TF,TNT] (7,0,2)
2. Establish relationships with BHOs and MHCs [BIAB & BI-C] (3,2,1)
3. Organize “toolbox” of appropriate trainings; target for specific groups [BIAC w/ DO, CTAT, TF, TNT, VA, CDHS via Executive Order] (3,1,8)
4. Improve training accessibility in rural areas [DO, HCP, TNT, TF, BIAC: CIRCLE and support groups] (1,3,2)
5. Revive “Brain Injury 101” [BIAC] (3,0,0)
6. Establish statewide speakers’ bureau with certified speakers [BIAC] (3,0,0)
7. Universal educational pre-screening for BI [BIAB, TNT, CDE] (2,1,2)
8. ID groups who need education (see notes); [BIAC, CDHS via Executive Order] (0,2,2)
9. Educate MH providers specifically [BI-C w/ CDHS, TF, TBI-P, BIAC, BIAB] (0,1,3)
10. Provide certified training programs online [DO-CTAT, BIAC, DOE, DHE] (0,0,3)

INCREASE PUBLIC AWARENESS:

1. “Brand” BI in Colorado to use by all BI organizations on all materials [BI-C w/ BIAC] (5,2,0)
2. Build relationships with lawmakers to influence policy [BI-C] (1,2,1)
3. Develop and maintain online resource directory/website coordination [BIAC w/ BIAB Resource Mapping Committee & DVR Veteran’s Initiative Program] (1,0,2)
4. Add media connections on BI Boards [all] (0,2,2)

INFORMATION & DATA COLLECTION – FUTURE NEEDS ASSESSMENT:

1. Explore establishment of BI registry; research other states and cancer registry for possible models [CH, CDHS (Executive Order- CDPHE, CDE, VA)] (2,3,3)
2. Develop and implement screening and assessment protocols [CDHS, CDE, VA] (3,0,0)
3. Continue gathering Latino/veteran information and outreach [BIAC, DO, VA] (2,3,0)

COMMUNITY INTEGRATION & COMMUNITY-BASED SERVICES (including information and care coordination):

1. Educate “gatekeepers”(discharge planners, care coordinators, transition planners, etc.) about existing services [BI-C, CDHS-Executive Order, CDE] (1,4,0)
2. Encourage MHCs & BHOs to collaborate with other organizations (include criminal justice, veterans, substance abuse, aging, domestic violence, and other services, etc.) [BI-C, BIAB, CDHS-Executive Order] (1,2,1)
3. Research community integration and care coordination models of other disability and related systems [BI-C, BIAB, DO] (0,3,1)

OTHER IDENTIFIED POTENTIAL ACTION STEPS

INCREASE FUNDING:

1. (1,0,0) Secure private funding via corporations, foundations, Habitat for Humanity, etc. (Establish Evaluation Committee to review possibilities)
2. (1,0,0) Use lottery Dollars
3. (1,0,0) Market/make available tax-free donations
4. (0,1,0) Capitalize on discretionary funds through the military
5. (0,0,2) Capitalize on federal funds (DOD, VA, DOJ, DOE)
6. (0,0,1) Focus on return on investment
7. (0,0,1) Partner with other disability organizations
8. (0,0,0) Add seat belt fines to TF
9. (0,0,0) Professional sport sponsors

INCREASE PUBLIC AWARENESS:

1. (1,1,0) Partner with helmet manufacturers
2. (1,1,0) Team public awareness efforts with other states
3. (1,0,1) Model public awareness efforts after Mental Health America
4. (1,0,0) Provide BI prevention materials to teachers for students
5. (1,0,0) Increase BI visibility at other conferences
6. (1,0,0) Solicit pro bono help
7. (0,2,0) Craft marketing message well (with attention to terms, e.g. “mild” syndrome)
8. (0,1,0) Increase support groups and resources
9. (0,1,0) Use “Facebook” to reach, support, and connect those affected by BI
10. (0,1,0) Utilize billboards and bus ads; put face on BI
11. (0,0,2) Partner with transportation agencies
12. (0,0,2) Identify and market a Colorado champion for BI
13. (0, 0,1) Partner with existing organizations (AAS, etc.)
14. (0,0,1) Build strong volunteer base
15. (0,0,0) Use human interest stories
16. (0,0,0) Prevention efforts; target at-risk groups

COMMUNITY INTEGRATION & COMMUNITY-BASED SERVICES:

1. (0,1,1) Support the expansion, care options and funding availability for long-term residential needs for both children and adults
2. (0,1,0) Provide counseling
3. (0,0,1) Tools to help consumers achieve better outcomes
4. (0,0,0) Increase employment opportunities

ACCESS TO INFORMATION & CARE COORDINATION:

1. (1,0,0) Increase children’s access to the TBI Trust Fund
2. (0,2,0) Establish medical/community passport (not a registry); explore use of electronic records
3. (0,1,1) Explore CC tele-management

4. (0,1,0) Pay independent contractors to do CC; expand use of SAIL Program
5. (0,1,0) Establish a navigator/advocate for individual with fewer needs
6. (0,1,0) Partner with 211 to increase BI awareness and access for providers and consumers
7. (0,0,1) Utilize Independent Living Centers, Community Centered Boards, etc. for rural access
8. (0,0,0) Ensure minimal level of training and supervision for CCs
9. (0,0,0) Better define “care coordination”
10. (0,0,0) Increase funding to BIAC
11. (0,0,0) Explore CAHI Care Coordination (?)
12. (0,0,0) Educate family members to become care coordinators and advocates

BEHAVIORAL & MENTAL HEALTH SERVICES:

1. (2,0,0) Broaden TBI to ABI to increase access to services
2. (0,1,1) Make available extra support to crisis providers; create systems for people in crisis
3. (0,1,1) Cultivate peer specialists
4. (0,1,0) Support professionals in this field
5. (0,1,0) Improve timeliness of response for services
6. (0,1,0) Educate school personnel; i.e. best practices for children with BI
7. (0,0,1) Demonstrate cost savings; return on investment

INFORMATION & DATA COLLECTION – FUTURE NEEDS ASSESSMENT:

1. (1,0,1) Identify rural/frontier underserved populations
2. (1,0,0) Lobby Ken Salazar and Executive Director of CDPHE
3. (0,0,0) Use and monitor emergency room databases
4. (0,0,0) Ensure school RN’s are putting children with BI in their databases
5. (0,0,0) Research and collaborate with various agencies that collect data
6. (0,0,0) Increase Board member diversity, and cultural competency

EDUCATION & TRAINING OF PROVIDERS:

1. (1,0,0) BI curriculum – require CEU through DORA and/or a statute for BH & MH practitioners
2. (1,0,0) Develop structured post-secondary curriculum for BI certification
3. (0,0,0) Expand national certification across Colorado
4. (0,1,1) Cultivate future research and tie to training
5. (0,1,0) Provide scholarships for national certification
6. (0,0,0) Educate parents about value of IEP
7. (1,0,0) Market existing conferences to various providers
8. (0,0,0) Include BI awareness/training at employee orientation (at CDHS and other organizations)
9. (0,0,0) Determine effective outreach for large provider groups
10. (0,0,0) Encourage affordable and accessible conferences for providers

ACRONYMS:

AAS – Aging and Adult Services
ABI – acquired brain injury
ADAD – Alcohol and Drug Abuse Division
BHO – Behavioral Health Organization
BI – brain injury
BIAB – Brain Injury Advisory Board
BIAC – Brain Injury Association of Colorado
BI-C – Brain Injury Collaborative
CAHI – Council for Affordable Health Insurance
CC – care coordination
CDE – Colorado Department of Education
CDHS – Colorado Department of Human Services
CDPHE – Colorado Department of Public Health and Environment
CEU – continuing education units (?)
CH – Craig Hospital
CIRCLE –Colorado Information Resource Coordination Linkage & Education provider groups
CTAT – Training Division of Denver Options: Creative Training, Accelerating Talent
DHE – Department of Higher Education
DO – Denver Options, Inc.
DOD – Department of Defense
DOJ – Department of Justice
DORA – Division of Regulatory Agencies
DUI – driving under the influence
DVR – Division of Vocational Rehabilitation
HCP – Health Care Program for Children with Special Needs, within CDPHE
HCPF – Colorado Department of Health Care Policy and Finance
HRSA – Health Resources and Services Administration (home of federal TBI grant)
IEP – **individualized education plan**
MH – Mental Health
MHC – Mental Health Center
RN – registered nurse
TBI – traumatic brain injury
TBI-P – TBI Program in Division of Vocational Rehabilitation (DVR)
TF – TBI Trust Fund
TNT - TBI Network Team
VA – Veteran’s Administration
w/ - with the participation/support of